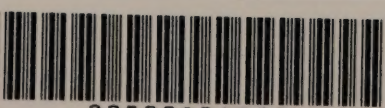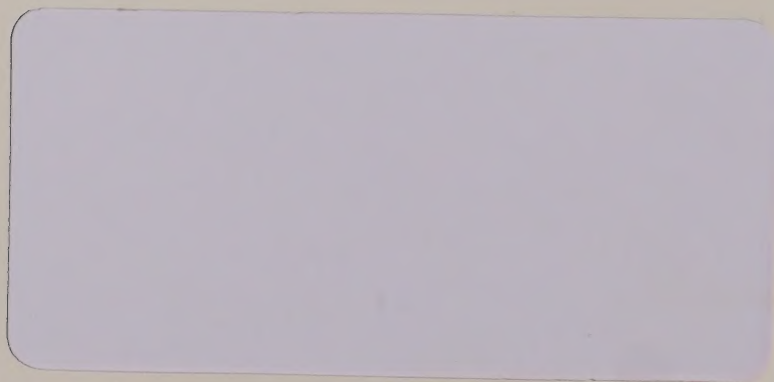Hammersmith
& Fulham
Serving our Community

HIV
RESOURCE
MONITORING
SYSTEM

Introduction to HIV Resource Monitoring System
"SUMIT"

Background

The HIV Resource Monitoring System is a computer system to monitor the actual expenditure on providing a service to HIV clients. The system provides a series of databases which can be created and updated online. The system does all the calculations automatically and has a facility to produce reports for management information.

There are databases to hold:

1. Client Codes
2. Basic Client Details
3. Service Codes
4. Timesheet Details

Before the HIV Monitoring System can be used, the codes that relate to client and services needs to be set up.

The 'How' and 'Why' Of Monitoring

The system allows for all work, whether it be direct home care or time spent in group meetings, to be recorded. The definitions of the type of work done and the cost per hour of this work is in the control of the user of the system. Once codes have been set up for clients and work-types, then timesheet entries can be made. The result of this monitoring is an accurate reflection of the time spent and therefore the resources needed to provide the service.

For a service that requires 'proof' in order to obtain or increase it's grant then the system is invaluable.

Confidentiality

HIV
RESOURCE
MONITORING
SYSTEM

No names or addresses are on the system. Clients have a code and the cross-reference of code to the person is manually kept secure by the HIV team.

Password Security

Password security ensures that only authorised personnel have access to the system.

Conclusion

The system is designed to be used by staff with no prior knowledge of computers. The screens guide the user easily through the system, and error routine ensures that mistake in keying are identified at the time of input.

Introduction to HIV Resource Monitoring System
"MONIT"

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Introduction to HIV Resource Monitoring System
"HART"

Background

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There are databases to hold:

1. Client Codes
2. Basic Client Details
3. Service Codes
4. Transaction Details

Before the HIV Monitoring System can be used, the codes that relate to client and services needs to be set up.

The 'How' and 'Why' Of Monitoring

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London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 1 : Monitoring And Planning
FACILITATED: N Manning, Head Of Strategic Planning

'MONIT' LAUNCH - PLANNING WORKSHOP

Key Issues

1.   Planning has to begin somewhere - there is a need for some informed assumptions about the current level of need against which service monitoring information can be compared.

2.   Monitoring information about service usage must be tested against predicted level of need.

3.   Quantitative monitoring information is crucial - but must be set alongside more impressionistic information about consumers' experience of using or requesting services.

4.   Organisations will seek to make decisions about service planning on the basis of complex internal and political pressures. If monitoring information is to be used to assist in planning, there is a very strong need to develop clear and well-supported planning structures which can withstand the pressures for idiosyncratic and short-term decision making.

WORKSHOP 1 : Monitoring And Planning
FACILITATOR: H Keating, Head Of Strategic Planning

'MONTY' LIBNON — PLANNING WORKSHOP

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WORKSHOP 2 : The Management Of Monitoring
FACILITATOR: John Maggs, Community Social Work Manager

'MONIT' LAUNCH – MANAGEMENT WORKSHOP

Four main areas were covered:

1. Need for monitoring

Due to the pressures of the "care in the community" legislation then social services will have to prove need to obtain a grant.

This is a change in culture that is not necessarily unique to Social Services. For example: Voluntary Organisation and USA groups work in this way where resource levels are tied to monitoring.

2. Confidentiality

Can the confidential codes used by the health services be standardised with Social Services. This is important as there may well be a need for joint planning.

How can you monitor those who refuse to give consent. At the moment MONIT measures resource against a general client.

3. Converting Information into Practice

Monitoring forms can be used as an aid to supervision. Social Services together with the client can look to see if the needs are best being served by the resource levels.

Social Services can also use the global information about resources to see if the best use of time is being made.

Quite simply the system gives control so 'what's being done' can be ascertained.

4. Human Rights Issues

The workshop didn't' fully discuss its final topic. Key issues here are; how is the information used and how could it be used? and also who has access to the information?

WORKSHOP 2 : The Management Of Monitoring
FACILITATOR: Colm Kerge, Community Social Work Manager

"NITTY GRITTY - MANAGEMENT WORKSHOP"

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London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 3 : Care And Monitoring In Practice
FACILITATOR: Ann Marshall, Senior Social Worker

Practice Group

This group's aims were to look at the practicalities of monitoring, including client confidentiality. The discussion drew together six main areas which needed to be addressed in order for the monitoring to be successful.

1)   Client confidentiality. It was felt there needed to be a strict policy of confidentiality upheld by all workers to ensure that the client's details would not be disclosed.

2)   Clients needed to be given clear information about the purpose of monitoring, who it was for, why, how information is collected, harder to make an informed decision whether or not to be part of the monitoring system.

3)   Recording of diagnosis was discussed. Again information about who gets access to such information needed to be given to the client before they could make their decision as to whether or not to allow recording of diagnosis on case papers.

4)   The Group discussed the security of the register. It was acknowledged that it needed to be one person's responsibility to ensure that it was securely locked away separately from case papers. This prevented the possibility of linking names, papers and diagnosis.

5)   Collection of monitoring forms. Different ideas were discussed for each organisation represented. Having one person responsible appeared to be the most successful system for large organisations. It was acknowledged that, without the collection of the information, the system would not be able to produce accurate statistics.

6)   The group felt that there needed to be management support for the system if monitoring was to be successful.

London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 4 : IT And Community Care
FACILITATOR: Linda Burkitt, Business Consultant

Summary

1.   HIV Clients and the Client Index (Confidentiality)

The main view was that HIV client details were needed on the
Client Index for service delivery (e.g. Home Helps, Social
Work, OTs), but that their HIV status would be subject to
restricted access. This requires software which can implement
security at field level.

It is a management issue for SSD to define the use of all
information - for individual care workers and managers, and
for statistics. The use of IT tends to rationalise what
information is kept, and who needs to know.

At Camden all the services for HIV clients are organised into
one separate section, and they are implementing a separate
version of the Client Index for these clients.

2.   Other topics

Kensington and Chelsea are linking all their systems to the
Community Charge register, so that by entering an address,
all the occupants can be retrieved. The K&C officers were at
pains to point out that this did not mean that other
departments could access Social Services data.

It was felt that Inspection and Registration could be a
stand-alone system.

Complaints has been implemented in one authority as a stand-
alone system, and in another as part of the client index, as
another referral type, since a complaint would always relate
to an individual. But security is needed to preserve the arms
length principle.

3.   National IT Initiatives for Community Care

a) CIPFA/ADSS/Price Waterhouse:
        Implementing Community Care
             Information Strategy
             Software Survey
        Managing the Money

b) DoH/Baker Tilly:
        Assessment of Software to assist in the development and
        monitoring of Community Care Plans

CLIENT REFERENCE FORM: Area Register
(For "unmonitored", discard top part, return lower.
          First name(s)

          Surname(s)

          Address

          Client Reference number: _____

Tear off lower part and return to HIV Unit.
For "unmonitored" tick final question only.)
CLIENT REFERENCE NUMBER: _____

Age
    0-5   5-16   16-30   30-45   45-60   over 60
    ☐   ☐   ☐   ☐   ☐   ☐

Status
HIV+/well   HIV+/symptomatic   diagnosed AIDS   worried well
  ☐   ☐   ☐   ☐

Sex (please circle):   Male   Female

Ethnic identity:

White   Irish   Black/Caribbean   Black/African

     Black/British   Black/Other   Chinese   Indian   Pakistani

Bangladeshi   Other:_____   Unknown

Client's first language (if other than English):

Does client have a disability?   Yes   No   Unknown

Name & position of person who requested reference number:

Date when referral was made to that person:

Does client have a Care Plan? (circle) Yes   No   Unknown

Four weeks after completing this form, please send the client
(unless he/she is under 16) a copy of the standard letter
plus the questionnaire; mark the Client Ref. No. on the ques-
tionnaire and enclose a stamped addressed envelope with it.
****

"UNMONITORED": Please indicate (tick here) _____
if you were informed of a newly-referred individual affected
by HIV whose details are not to be monitored.

AME_____ JOB/POST_____ AREA/ESTABLISHMENT_____
(Social Worker, OT, Home Carer etc)

CT WORK (INDIVIDUAL CLIENTS)

ng the month of _____ I (Dom. Care: my staff) engaged in the following casework:

nt Reference Number(s)

ents/change of circumstances (e.g. registration as "PH" or "Blind/partially sighted", ge in health status, allocation of childminder/fosterparent, etc)

_____ _____ _____ _____ _____

ssment (Did client report harassment, esp. with regard to HIV status, sexuality or race? es, please give very brief details - e.g. form of harassment, basis, etc.)

_____ _____ _____ _____ _____

mmodation (Did client indicate accommodation-related need/problem? Was he/she referred to Housing Services Dept?)

_____ _____ _____ _____ _____

CT WORK (GROUPS, FAMILIES, COMMUNITY)

ng the past month, I (Dom. Care: my staff) spent the following number of hours in direct with groups of clients, their families, the local community or other groups:

General community development work

Drop-in facility or advice surgery

Supporting families/partners, friends

Working with group(s) of clients

ECT WORK

g the past month I spent the following numbers of hours engaged in indirect work:

Training (giving or receiving)

Planning, research, monitoring, consultation (i.e. with colleagues)

Extra supervision / attending a support group or a conference

Liaising with or otherwise resourcing a voluntary organisation

NITORED"

g the past month I was involved in direct HIV/AIDS-related work with persons whom I judged practical or inappropriate to monitor formally within the (monitoring) system:

r of individuals [   ]   Hours [   ]

Job Title	Month	Year	Direct Code	Description	Quan-tity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER	06	1990		COUNSELLING	3.50	HOUR(S)	7.70	26.95
	06	1990			4.00	HOUR(S)	7.70	30.80
	07	1990			12.00	HOUR(S)	8.42	101.04
	07	1990			10.00	HOUR(S)	8.42	84.20
							Total	242.99
HOME HELP	06	1990		CLEANING	2.50	HOUR(S)	4.62	11.55
	07	1990			20.00	HOUR(S)	5.02	100.40
	06	1990		SHOPPING	2.00	HOUR(S)	4.62	9.24
	07	1990			8.00	HOUR(S)	5.02	40.16
							Total	161.35
							Grand Total	404.34

05/06/1991

Job Title	Month	Year	Indirect Work Description	Quan-tity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER							
	06	1990	ADMINISTRATION	2.00	HOUR(S)	7.70	15.40
	07	1990	COMMUNITY DEVELOPMENT WORK	5.00	HOUR(S)	8.42	42.10
						Total	57.50
						Grand Total	57.50

Job Title	Month	Year	Group Work Description	Quan-tity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER	06	1990	ADVICE SURGERY	7.00	HOUR(S)	7.70	53.90
	07	1990	DROP-IN FACILITY	8.00	HOUR(S)	8.42	67.36
	06	1990	FAMILY COUNSELLING	2.50	HOUR(S)	7.70	19.25
						Total	140.51
						Grand Total	140.51

Client Ref No.	Month	Year	Direct Work Description	Quantity	Unit of Measure	Unit Rate	Total Cost
A0001	07	1990	CLEANING	2.00	HOUR(S)	5.02	10.04
	09	1990		2.00	HOUR(S)	5.02	10.04
	09	1990		5.00	HOUR(S)	5.02	25.10
						Total	45.18
A9999	08	1990	CLEANING	5.00	HOUR(S)	5.02	25.10
						Total	25.10
						Grand Total	70.28

MONIT

HIV RESOURCE MONITORING SYSTEM

ORDER FORM — PRICES

Option 1

A combined package of hardware and software including a laser printer —

ICL PC M40 (80286 chip) with Colour Monitor, Laser Printer, Smartwarell, and MONIT

System will be configured and delivered to you free of charge

Price — £7570

Option 2

A combined package of hardware and software including an ink—jet printer — details as above, with ink—jet rather than laser printer

Price — £6570

All hardware deliveries have a 30 day return to base guarantee

The prices quoted above are exclusive of VAT

Option 3

MONIT and Smartwarell software only — price £3900

If you already possess Smartwarell then a discount can be offered on this price

If you would like to order from the above options or would like further information on the system then please contact:

Paul Dooley
Information Technology Services
L.B. Hammersmith & Fulham
275—281 King Street
Hammersmith
London W6 9LZ
Tel: 081 846 9398

MONIT

MV RESOURCE MONITORING SYSTEM

ORDER FORM — PRICES

Option 1

A combined package of hardware and software including a laser printer —

ICL PC 1640 (80286 chip) with Colour Monitor, Laser Printer, Smartsheet, and MONIT

System will be configured and delivered to you free of charge

Price — £1970

Option 2

A combined package of hardware and software including an ink-jet printer — details as above, with ink-jet rather than laser printer

Price — £6970

All hardware deliveries have a 30 day return to base guarantee

The prices quoted above are exclusive of VAT

Option 3

MONIT and Smartsheet software only — price £3000

If you already possess Smartsheet then a discount can be offered on this price

If you would like to order from the above options or would like further information on the system then please contact

Paul Dooley,
Information Technology Services
L.B. Hammersmith & Fulham
275-281 King Street
Hammersmith
London W6 9NZ
Tel 081 748 6364